

# Lost Device Report

DELAWARE COUNTY CHRISTIAN SCHOOL



\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Student Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
DC Device #

**Date and Location device was last in your possession:**

## Technology Office Assessment and Resolution

**Office Use Only** – Description and Resolution of Problem

\$ \_\_\_\_\_ (Replacement Charge)

### **Parent Claim** – to be completed by parent

I am requesting that DC issue my child a replacement device. I understand I will be billed as listed above.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit signed form to Technology Office – M101 (MS/US) or Lower School Library (LS)